V 1.2

West Bengal Joint Registry

H2

Hip Single Stage Revision
Hip Stage 1 of 2 Stage Revision
Hip Stage 2 of 2 Stage Revision
Hip Excision Arthroplasty
Debridement and Implant Retention (DAIR)

Patient Addressograph

Important:
Please tick relevant boxes. All component stickers should be affixed to the accompanying 'Minimum Dataset Form Component Labels Sheet'. Please ensure that all sheets are stapled together.
(If Bilateral, please use two different forms)

All fields are Mandatory unless otherwise indicated

PATIENT DETAILS	
Patient Consent Obtained for Registry?	Yes ☐ No ☐ Not Recorded ☐
Patient Hospital ID	
Body Mass Index (enter either H&W OR BMI OR tick Not Available box)	Height (in centimeters) BMI Not Available ☐ Weight (in Kilometers)

PATIENT IDENTIFIERS				
Full Name				
Gender	Male ☐ Female ☐			
Date of Birth	Age (In Years) :			
Contact Details (optional)	Mobile :	Residence Phone :		
	Email :			
Full Address (optional*) Please provide city.				
Patient Pincode (optional)	Overseas Address ☐			
Identification Type (optional)	PAN ☐	Aadhaar ☐	Passport (For Overseas Citizen) ☐	Other ☐
Patient Identification Number (optional)				

OPERATION DETAILS									
Hospital									
Operation Date									
Anaesthetic Types(Select All that apply)	General ☐	Epidural ☐	Nerve Block ☐	Spinal (Intrathecal) ☐					
Patient ASA Grade	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐				
Operation Funding	Insurance ☐	Government Sponsor ☐	Self ☐	Other ☐	Insurance + Self ☐				

SURGEON DETAILS				
Consultant in Charge	MCR[1] Number :	Name:		
Operating Surgeon(if different than above)	MCR[1] Number :	Name:		
Operating Surgeon Grade	Consultant ☐	Associate Consultant ☐	Senior Registrar ☐	Other ☐
First Assistant Grade	Consultant ☐	Associate Consultant ☐	Senior Registrar ☐	Other ☐

*1 - Medical Council Registration number

HIP REVISION PROCEDURE DETAILS						
Procedure Type	Single Stage Revision ☐	Stage 1 of 2 Stage Revision ☐	Stage 2 of 2 Stage Revision ☐	Hip Excision Arthroplasty ☐		
Revision Of	Primary Total Arthroplasty ☐	Previous Revision Arthroplasty (excluding excision arthroplasty) ☐				
Side	Left ☐	Right ☐				
Indications For / Findings at Time of Revision(Select All that apply)		Stem	Socket	Head		
	Aseptic Loosening	☐	☐	-		
	Implant Fracture	☐	☐	☐		
	Head/Socket Mismatch	-	☐	☐		
	Lysis	☐	☐	-		
	Malalignment	☐	☐	-		
	Peri-Prosthetic Fracture	☐	☐	-		
	Dislocation/Subluxation ☐	Infection ☐	Unexplained Pain ☐	Wear of Acetabular Component ☐	Dissociation of Liner ☐	Adverse Soft Tissue Reaction to Particulate Debris ☐	Other ☐

PRIMARY OPERATION DETAILS			
Primary Operation Date OR Year	Please enter date if known	Not Available ☐	
Primary Operation Hospital		Not Available ☐	

COMPONENTS REMOVED (Do not complete for Stage 2 of 2 Stage Revision)				
Femoral Component Removed	Yes ☐	No ☐	Brand	Not Available ☐
Acetabular Component Removed	Yes ☐	No ☐	Brand	Not Available ☐

SURGICAL APPROACH (Used for Single Stage Revision & Stage 2 of 2 Stage Revision)

Patient Procedure	Revision Using Cement ☐ Revision Not Using Cement ☐ Revision of and to Resurfacing Arthroplasty ☐ Debridement & Implant Retention (DAIR) **with** Modular Exchange ☐ Debridement & Implant Retention (DAIR) **without** Modular Exchange ☐ Revision Not Classified Elsewhere (eg. Hybrid) ☐	
Patient Position	Lateral ☐ Supine ☐	
Approach	Hardinge ☐ Posterior ☐ Trochanteric Osteotomy ☐	Extended Trochanteric Osteotomy ☐ Anterior ☐ Other ☐

THROMBOPROPHYLAXIS REGIME (intention to treat)

Chemical (In Hospital)	Aspirin ☐ LMWH ☐ Pentasaccharide (eg Fondaparinux) ☐ Warfarin ☐	Direct Thrombin Inhibitor (eg Dabigitran) ☐ Factor Xa Inhibitor (eg Rivaroxaban/Apixaban) ☐ Other ☐ None ☐
Mechanical	Foot Pump ☐ Intermittent Calf Compression ☐ TED Stockings ☐	Other ☐ None ☐

BONEGRAFT USED

Femur	Yes ☐	No ☐
Acetabulum	Yes ☐	No ☐

SURGEON'S NOTES

INTRA OPERATIVE EVENT

Untoward Intra Operative Event	None ☐ Calcar Crack ☐ Pelvic Penetration ☐	Shaft Fracture ☐ Shaft Penetration ☐ Trochanteric Fracture ☐	Other ☐

Minimum Dataset Form - COMPONENT LABELS